United Nations E/2016/NGO/31

Economic and Social Council

Distr.: General
24 May 2016

Original: English

2016 session
24 July 2015-27 July 2016
Agenda item 5
High-level segment

Statement submitted by International Council of AIDS Service Organizations, a non-governmental organization in consultative status with the Economic and Social Council*

The Secretary-General has received the following statement, which is being circulated in accordance with paragraphs 30 and 31 of Economic and Social Council resolution 1996/31.

* The present statement is being issued without formal editing.

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Statement

The diversity of today's HIV epidemic demands a variety of rights-based and gender-transformative responses. However, while this has long been part of the HIV lexicon, many countries and communities have not yet fully acknowledged or adopted such rights-based and gender-transformative laws, strategies, policies and programs.

Comprehensive approaches to HIV are not new, but the global community, national governments, international organizations and donors have not yet put them at the center of HIV and health responses. Most notably, human rights, gender equality, treatment for all, combination prevention and increased financing must anchor HIV responses. Not all countries, communities or groups experience the epidemic equally. In some countries, HIV is "urbanized" and heavily concentrated within cities, and further concentrated among particular groups, such as men who have sex with men, sex workers, people who use drugs, people in prison, young women and girls, and transgender people. In other places, the HIV rate is growing among groups living in areas with little access to health, social and legal services, as well as among groups on the move, particularly relevant in light of the current massive humanitarian emergencies (refugees, asylum seekers, and internally displaced people). In yet other contexts, HIV-TB co-infection is a growing cause of illness and death.

Following the evidence, each country must localize and tailor its HIV response. This means they must address structural and political determinants of HIV and health inequity. Among these determinants are punitive laws and policies that criminalize people living with HIV, gay men and other men who have sex with men, sex workers, transgender people, people who use drugs, and women and girls. Also vulnerable are migrants, people in prison, people with disabilities and indigenous peoples. Governments should have policies in place to redress discrimination based on race, ethnicity, tribe, gender, gender identity, sexual orientation, language, and age. For countries where HIV is on the rise, such attention is urgent. The risk of inaction is great: more failed policies, inadequate programmes, downward pressure on national economies and lost resources — and most importantly of all, lost lives.

Slogans and simple answers will not end the AIDS epidemic. Efficiencies in health service delivery will not get us there alone. Political leaders at the community, national, regional and global levels must recommit to take real steps to end AIDS. This means using a human rights approach to:

a. Address punitive policies and practices that prevent people vulnerable to, at risk of and living with HIV from receiving the health, legal and social services they need;

b. Eliminate laws that criminalize HIV transmission, exposure and non-disclosure, homosexuality, gender non-conformity, sex work, and drug use; and

c. Challenge trade and aid policies that hamper HIV commodity production, purchasing and distribution systems.